

LINK ASSOCIATES
1452 - 29th Street
West Des Moines, IA 50266
Phone: 515 262-8888
Fax: 515 225-1631

Dear Volunteer Applicant:

Enclosed is everything needed to complete your application for volunteering at Link Associates. We are anxious to meet with you and share the vast volunteer opportunities our agency has to offer. To process your application, the following must be completed and/or occur:

1. The highlighted areas on EACH form must be completed and signed.
2. Volunteering at Link Associates is contingent upon:
 - a. Link receiving two (2) acceptable references; one personal (no relatives) and one employer/school/or volunteer supervisor
(please fill out all three reference forms to insure we receive the minimum of two)
 - b. An acceptable background check including abuse and criminal records
 - c. An acceptable driving record *(under aged youth are exempt from this requirement)*
 - d. Health screening with Link's agency nurse *(to be scheduled upon completion of a, b and c above)*
 - e. TB test *(to be scheduled with the agency nurse)* OR documentation of a TB screening within the past twelve months

We thank you for your interest in volunteering at Link Associates.
Please do not hesitate to call 262-8888 with any questions you may have
about the application, process, or Link Volunteer Program.

We look forward to meeting with you soon.

Thank you for choosing to make a difference in someone's life!



Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry, Dependent Adult Abuse Registry, Both

Please specify your preferred method of response by checking a box and completing the information in Section 1.

- Address, Fax, Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last First Agency Name Telephone Number
Address Fax Number
City State Zip Code Email
List the name and address of the person whose information is being requested:
Name (last, first, middle) Birth Date Social Security Number
Address City County State Zip Code
List maiden name, previous married names, and any alias:
What is the purpose of your request for child or dependent adult abuse information?
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.
Signature of Requestor Date

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.
Signature of Person Authorizing Date

Section 3: To be completed by the Central Abuse Registry or designee.

The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
This request for information is denied because the form is incomplete.
Signature of Registry Staff or Designee Date
Comments

LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.

Link Associates

HR-1: OIG and SAMS Excluded Individuals Release Form and Waiver for Criminal History

As a participant in Federal Medicare, Federal Medicaid and other Federal Health and Human Services Programs, Link Associates is required to check the exclusion lists.

Link Associates screens all new employees upon hire and current employees on an on-going basis, on both OIG and SAMS. Link is required to check all names each employee has ever gone by or been known by. To assist Link in compliance with these requirements, please provide your current name and all additional names you have gone by or been known by in the past, including maiden names, married names, hyphenated names and any alias you have used.

PLEASE PRINT CLEARLY

Current Last Name	Current First Name	Current M I

Former Last Name/s	Former First Name/s	Former M I /s

Employee Acknowledgement:

Any and all names I have used have been provided on this form and are true and complete and subject to validation by Link Associates. I am aware that any deliberate falsification, including withholding information on this document constitutes grounds for rejection of my application or dismissal if I am hired. I agree to notify Link Associates of any future name changes.

I understand I am to notify Link Associates if at anytime during my employment I become an excluded individual or entity on either the OIG or SAMS exclusion lists. I also understand that my employment and continued employment with Link Associates' is contingent upon my on-going cooperation with this process and verification that I am not an excluded individual or entity on either the OIG or SAMS exclusion lists.

Waiver:

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Employee's Current Street Address

City, Zip Code

Employee Social Security Number

Gender / Sex

Date of Birth

Employee Signature

Date Signed

Link Associates
TR-3: Authorization for Confirmation of Driving Record

Applicant / Employee: _____

Date of Request: _____

Social Security No: _____

Driver's License No: _____

State: _____

Expiration Date: _____

Vehicle Insurance Policy

The Agency does not provide any liability or physical damage insurance for vehicles owned by staff. The agency requires evidence of automobile liability insurance on file if employees or volunteers are transporting consumers in their own vehicle, or will be conducting Agency related business in their own vehicle. The Agency recommends employees or volunteers maintain auto liability limits of at least \$300,000 combined single limit bodily injury and property damage per occurrence. Employees or volunteers are not to transport consumer(s) in another individual's vehicle.

Staff shall be reimbursed at the rate indicated in the employee handbook for their business use miles. This payment is designed to cover expenses, including insurance, for the operation of their personal auto for agency business. The Agency will not pay for any deductible amount that the employee or volunteer may have to pay for physical damage loss to their vehicle while on agency business. The Agency has no insurance and will not pay for any vandalism or accidents to employee or volunteer personal vehicles that may occur during work assignments, including but not limited to parking lots, consumer homes, and consumer employment sites.

I give my permission for Link Associates to verify my driving record with the Iowa Department of Transportation and acknowledge I have read the above policy excerpt and agree to abide by the policy. I further confirm my answers to the driving record questions below, are true and complete to the best of my knowledge and am aware that any deliberate falsification, including withholding information constitutes grounds for rejection of my application or dismissal if I am hired.

Applicant / Employee

Driving Record Questions:	Circle One	
1. Do you have reliable transportation for a maximum of 4 occupants?	YES	NO
2. Do you have a valid Driver's License?	YES	NO
3. Do you have proof of auto insurance?	YES	NO
4. Have you been involved in a vehicle accident in the last 5 years? If YES, were you at fault?	YES	NO
5. Have you had any speeding or moving violations in the last 5 years? If YES, Please provide details.	YES	NO
6. Have you had your license suspended or revoked in the past 5 years?	YES	NO
7. Have you received a DUI/OWI in the past 5 years?	YES	NO

Details: _____

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Results / Comments (attach MVR report):

 Date

 Signature of Staff Completing